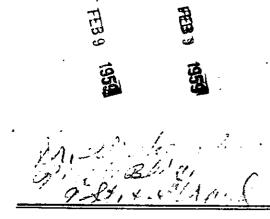
THE DIVISION OF HEALTH OF MISSOURI  ILLE MAY 13 1952 STANDARD CERTIFICATE OF DEATH  State File No								
BIRTH NO.	1 10 1957	_ REG. DIST. NO.	149	PRIMARY REG. DIST.	* *		ile No	りつつつ
1, PLACE OF DE a. COUNTY	ATH Jackson			2 USUAL RESID	ENCE (W	harm despect live	d. If institutive Wyan	
	sas City,	township) ST	LENGTH OF AY (in this place Days	c. CITY (If outside sor OR TOWN K	porete limite,	write RURAL and	give townsh	(1) 50
d. FULL NAME OF HOSPITAL OR / INSTITUTION	il not in hospital of in Marys Rest 3215 Campl	natication, give etreet add Home bell St. K.C	ress or location)	d. STREET ADDRESS 33	(If rural, g	o St.		8
3. NAME OF DECEASED (Type or Print)	a. (First) Herman	b. (Mi Beechman	ddle)	c. (Last) Hors tmann		4. DATE () OF DEATH ADT	Month)	(Day) (Yas
	COLOR OR RACE White	7. MARRIED, NEVER WIDOWED, DIVOR Married		8. DATE OF BIRTH August 30, 1	1	9. AGE (In years		YEAR I IF UNDER 1
10a. USUAL OCCUPATION dome during most of works Retired Sect	ON (Give kind of working life, even if retired)	10b. KIND OF BUSI	NESS OR IN-	11. BIRTHPLACE (State Walcott,	or foreign con	intry)	1 12	COUNTRY?
13a. father's name John Horsti	mann	136. мотни Магу	er's maiden Beechmu	- 1	1	of Husband Lizzie		mann
I5. WAS DECEASED EVE (Yee, no. or unknown) (II	R IN U.S. ARMED I	FORCES? 16. SOCIA of service) None	L SECURITY NO.	17. INFORMANT' Mrs. Lizzie				ADDRES
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO	ONDITION (	MEDICAL C	ERTHICATION	NUE	gresi	م	INTERVAL BETWO
*This does not mean the mode of dying, such	ANTECEDENT CA  Morbid conditions rise to the above co	, if any, cicina DUE TO	(b) <u>a</u>	alena	•			9
as heart failure, asthenia, etc. It means the dis- case, injury, or complica-	the underlying cau	se last.  DUE TO	•				·	3347
tion which caused death.	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							5 yr
19a. DATE OF OPERA- TION	19b. MAJOR FIND	DINGS OF OPERATION		, 			.	20. AUTOPSY?
21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY	(e.g., in or about office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP)	. (COU	NTY)	(STATE)
21d. TIME (Month) OF INJURY		MORK    WORK	AT WORK	21f. HOW DID INJURY				
22. I hereby certify alive on	hat I altended the	he deceased from <b>2</b> and that death o		2, 19, to m., from th		. ,		saw the deced
23a. SIGNATURE	Graham (			23b ADDRESS	em	2) RCM		23c. DATE SIGN
24a BURIAL CREMA TION REMOVAL Specify Burtal	4-30-53	High	of cemeter land Pa	rk \	) Kans	on (City, town as City,	Kansa	3
DATE REC'D BY LOCAL REG. 4-2-8-53	REGOTRAR'S S	dine do	neth	chternacht	INDAR	O BLVD.	)Mbo	RESS
	<del></del>	(Licensed	Embalmer's S	tatement on Reverse Side	CITY	2, KANSA	5	



## STATEMENT BY LICENSED EMBALMER

I he	reby certif	y that the	e body	whose nar	me is record	ed on the	reverse	side of	this	certificate	was en	nbalmed	by me, <del>.ac.b</del>	F
• • •	*			·····			•••••••	******	,	Studen	t Emba	lmer Ko	• *************************************	

working under my personal supervision.

Student Embalmer

Licensed Embalmer No. 3

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITZING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.